PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/716041

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL EN TITY	
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	7 70.00
TOTAL CHARGEABLE CLAIMS			minus 20=			•		XS 9=	. [OR	XS18=	
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PF			RESENT					+145::		OR	+290=	
* If	the difference	e in column 1 is l	less than ze	ero, enter	0 iu c	olumn 2	L	TOTAL		OR	TOTAL	
	C		MENDED - PART II (Column 2) (Column 3)					SMALLE	NTITY	OR	OTHER SMALL E	
r	1	(Column 1) CLAIMS		(Coton		(CORDINAL DE	Г	T	51,:DI	-		.A.DDI
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I	BÉR DUSLY	PRESEUT EXTRA		RATE	TIONAL FEE		RATE	T IONAL FEE
	Total	10	Minus	2	0	= /		XS 9=	/	OR	XS18=	
	Independent	*	Minus	الم المال	<u> </u>			X43 =		OR	X86=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL			TOTAL	
								DDIT FEE		Un	ADDIT FEE	L
	,	(Column 1)	,	(Colun		(Column 3)	i			i f		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID	BER DUSL:	PRESENT LEXTRA	-	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		*.		XS 9×		OR	XS18=	
AME	Inaependent	*	Minus	***		= .		X:43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM			+145=		OR	+290=	
		•	-	٠.		•	L	TOTAL		1	TOTAL	`
ADDIT FEE OR ADDIT										ADDIT FEE		
	, ,	(Column 1)		(Colur		(Column 3)	٦ ,	· · · · · ·		ı		- ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER OUSLY	PRESENT EXTRA		RATE	AUDI- TIONAL FEE		RATE	TIONAL
	Total		Minus	4-4	<u> </u>	= ,		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	A:*-*		= .]	X43=		OR	X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┨┠	, , , ,		Un		
+145=										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT FEE	
***!		mber Previously Pa					se form	nd in the and	ronriate ho	v in cc	olumn 1	